

STANDARD CERTIFICATE OF DEATH

State File No. 23384

BIRTH NO. JUL 8 - 1953

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 547

Registrar's No. 1726

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give town) Richmond Heights		a. STATE Missouri		b. COUNTY St. Louis	
c. LENGTH OF STAY (If this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brentwood 4511		d. STREET ADDRESS (If rural, give location) 8751 East Bridgeport Ave.			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. SEX	
a. (First) Webster		b. (Middle) Lincoln		c. (Last) Miller		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3/2/75		9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles E. Miller		13b. MOTHER'S MAIDEN NAME Anna R. Dodge	
14. NAME OF HUSBAND OR WIFE Edna H. Simpson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 489-16-6569		17. INFORMANT'S SIGNATURE OR NAME Eugene H. Miller - Chicago, Ill.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 5 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		DUPLICATE TO (b) Hypertension (arteriosclerotic)				estimated 10 yrs	
DUPLICATE TO (c) Arteriosclerosis general		DUPLICATE TO (d) Arteriosclerosis general				estimated 10 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE 331X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6/15/53, 19___, to 6/20/53, 19___, that I last saw the deceased alive on 6/20/53, 19___, and that death occurred at 4:15 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. H. Bockelman M. D.				23b. ADDRESS 2615 Brentwood Blvd.		23c. DATE SIGNED 6/22/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/23/53		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 6-22-53		REGISTRAR'S SIGNATURE Herbert R. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary 6633 Clayton Rd.			

Embalmer's Statement on Reverse Side

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Ernest W. Spillars*

Licensed Embalmer No. *4080*

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.